MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/673532

FILING DATE

APPLICANT(S)

CLAIMS

Claim	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	/					
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10	/					
11		/				
12		/				
13		/				
14		/				
15		/				
16		/				
17		/				
18		/				
19	/					
20		/				
21		/				
22		/				
23		/				
24		/				
25		/				
26		/				
27		/				
28	/					
29		/				
30		/				
31	/					
32		/				
33		/				
34	/					
35		/				
36		/				
37	/					
38		/				
39	/					
40		/				
41	/					
42		/				
43		/				
44		/				
45	/					
46		/				
47	/					
48		/				
49	/					
50		/				
TOTAL IND.	←		←		←	
TOTAL DEP.						
TOTAL CLAIMS						

Claim	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51		/				
52	/					
53		/				
54		/				
55	/					
56		/				
57		/				
58	/					
59		/				
60	/					
61		/				
62	/					
63		/				
64	/					
65		/				
66		/				
67		/				
68	/					
69		/				
70		/				
71		/				
72	/					
73		/				
74		/				
75		/				
76	/					
77		/				
78		/				
79	/					
80		/				
81		/				
82	/					
83		/				
84		/				
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	24	←		←		←
TOTAL DEP.	60					
TOTAL CLAIMS	84					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3631